



Danny Rhynes Interagency Training Center
602 S. Tippecanoe Ave.
San Bernardino, CA 92408
(909) 382-2984 Fax (909) 382-4192
Email: drtc@fs.fed.us

Memorandum

DATE: March 3, 2014

SUBJECT: S-203 Introduction to Incident Information

TO: Students

You have been selected to attend S-203 Introduction to Incident Information, at the Danny Rhynes Training Center, April 14-18, 2014. Class will begin on Monday, April 14 at 0900 hours and will end at approximately 1300 on Friday, April 18.

Course Description

The purpose of this course is to provide students with the skills and knowledge needed to serve as public information officers (PIOF). The course covers establishing and maintaining an incident information operation, communicating with internal and external audiences, working with the news media, handling special situations, and long term planning and strategy.

Trainee prerequisites / pre-work:

Basic ICS I-100 (available on-line at <http://training.nwcg.gov/courses/i100.html> select "training courses" icon). Please bring the completed I-100 test with you to class the first morning.

Please bring the following items to class:

1. Incident Response Pocket Guide (IRPG)

Casual civilian dress is appropriate for this course except for the Simulation Exercise on Thursday, April 17. This day, a department uniform or a fire shirt and nomex are required for the simulation.

*******ALL STUDENTS*******

Please complete and return the pre-registration form to the training center no later than close of business **Monday, March 31, 2014. FAX copies are sufficient.**

Tuition:

Your tuition cost is \$300.00.

All students must submit a NWCG Nomination Form with proper agency charge codes and signatures for payment. Forms can be attained on-line at "nationalfiretraining.net"

Billing Information:

Forest Service (Other Regions): The approved NWCG Nomination Form will be used for payment. This form must include proper agency charge codes and signatures.

Other Federal Agencies: The approved NWCG Nomination Form will be used for payment. This form must include proper agency codes, agreement numbers and signatures.

Other Non Federal Agencies: It is recommended that students pay with check or money order at the facility at the start of class. There is an additional 8% administrative fee added to this tuition charge. If payment is not received, a bill of collection will be issued to your agency.

Cancellations: Cancellations must be made two weeks prior to the course start date. If a cancellation occurs after the two-week cut off and the slot goes unfilled, there will be a charge not to exceed the tuition charge for the course. **The last date to cancel for this course is March 31, 2014.**

If a student cancels within the two-week period and pre work has already been received, the student needs to return pre work to the training facility.

Lodging: Please click on the following link for hotels, maps, and local area information.
<http://www.fs.usda.gov/goto/sanbernardino/travel>.

Dress: Students are to wear casual office attire. This means attire suitable for public contact (no shorts, tank tops, flip flops, etc). Please remember during the simulation on Thursday, April 17 an agency uniform or nomex are required.

Any questions regarding this course may be directed to your unit training coordinator or appropriate training representative. If you are self-sponsored, you may contact the training center directly at drtc@fs.fed.us

Kristel Johnson
Forest Training Officer

Enclosures:
Pre-Registration Form

PRE-REGISTRATION FORM
DANNY RHYNES INTERAGENCY TRAINING CENTER

FAX: 909-382-4192

Or email to drtc@fs.fed.us

ALL Blocks MUST be Completed

Course
Title: S-203 Introduction to Incident Information **Date:** April 14-18, 2014

Trainee Name _____ **Email** _____

Agency:

FS: Forest: _____ District: _____
Region _____ Unit: _____

Other Agency: _____ *(Ranger Unit/Station)*

(County – City – OES – CHC Student – NPS – BLM – USCG / Use your three letter designator.)

Work Address: _____

(Mailing Address of your unit headquarters.) (City – State – Zip Code)

Phone
Number: _____ **Fax Number:** _____

Supervisor Name/Title _____ **Phone:** _____

Training Officer Name: _____ **Phone:** _____

RETURN THIS FORM TO THE
TRAINING CENTER
BY COB:

March 31, 2014